Home Visitation Systems Recommendations

Work Team Meeting 1: July 17, 2014
8 am to 3pm
The Office of Early Childhood

In Attendance:

Robert Santy[1]
Carmel Ford
Pat McLaughlin
Myra Jones Taylor
Mary Farnsworth[2]
Linda Goodman
Maggie Adair
Karen Foley-Schain
Linda Harris
Cathy Battista
Marcie Cavacas
Monica Jensen
Lynn Johnson
Darcy Lowell
Elaine Zimmerman
Grace Whitney
Cathy Lenihan
Pam Langer
Mary Peniston
Nancy DiMauro
Not in Attendance:

Rosa Biaggi, Alissa DeJonge, Sarah Eagan, Doug Edwards, Iva Kosutic, and Judith Myers did not attend the meeting.

Myra welcomed the Home Visiting Work Team.

Myra – The purpose of this meeting is to think about a coordinated home visiting system in Connecticut, and to think about the eight recommendations contained in Public Act 13-178, and how to create a system based on those recommendations. The project time table is three months.

[Discussion ensued on Team norms, housekeeping items]

Mary Farnsworth – Reviewed certain housekeeping matters including contents of binder - work team charter, project charter, and other items). In addition, Mary proposed certain ground rules:

- Posting all information in Drop Box
- All emails relevant to project should be sent to Mary for forwarding
- All recommendations should be made in regularly scheduled meetings

[1] Facilitator
[2] Project Owner

- ❖ The work team is to make recommendations for the OEC; but the OEC has the ultimate say on the recommendations
- ❖ Recommendations will be reached through consensus, not a vote; all should make efforts to be on board
- ❖ The team will consider one recommendation at a time

Elaine Zimmerman –We should give our recommendations to the legislature at the same time that they go to the Governor.

Myra –Yes. Let's bring them to the legislature and the governor at the same time.

Elaine Zimmerman – There should be a democratic vote, or a majority vote.

Linda Goodman – I do not agree; there should be a consensus.

Bob – It is important to note that consensus does not necessarily mean unanimity.

Myra – I agree with the idea of consensus and our report can note areas of differing viewpoints.

Elaine – There are different skill sets among providers, policymakers, etc. For the purposes of this project it is important to listen to the people who are running the programs.

Grace – It is important not to mix professional or content-oriented recommendations with political recommendations. It is important to articulate what our limitations are.

Bob – There is a limited amount of time to develop an implementation plan. We need to rank items. [Goes over work plan] We may need to prioritize the recommendations. We will have all day meetings, with time in the schedule to respond to any changing circumstances.

Darcy – How will external changes that are expected to occur during this process be integrated into this process?

Bob – We will address external changes as they come up. If we need to engage anyone else in system or if we need more research or data, please let us know.

Darcy – When do we talk about sustainability?

Bob – Guiding principles will include a discussion on sustainability. Our recommendations will include projected costs, what we anticipate, but we should not be constrained initially by funding concerns.

Mary – [Change to Team norms]: bring to legislature at the same time recommendations are given to the governor.

[System Vision discussion]

Bob asked team to revisit their personal vision statements (describing their vision of what an ideal home visiting system for CT children and families looks like) from the initial meeting.

Major points:

- System should be customer or family driven.
- System should be designed with needs of families and children in mind.
- It is important to be understanding and nonjudgmental
- The first family engagement is the most critical
- Should include a marketing plan.

Bob – Put yourself in a parent's position. Does this change any aspect of your personal vision of what a system should be? Also, think about the order of your priorities and rank the items.

Families are not actively searching for a home visitation program to meet their needs. They don't wake up one day and say "I need home visiting."

Lynn- Maybe we need to step back from "home visiting" and think about parent support as the driver.

'Home visiting" has a stigma. It is perceived to be attached to DCF. Marketing it as parental support or education may work better. We may need to broaden the scope beyond the idea of home visiting.

Darcy – Should focus on what families want and need; and go from there. It is important to understand how to match their needs with the resources we have.

Lynn – Need to think about parental support as a concept; it would be better to call the system parent support or parent education.

Elaine – Home visitation currently serves mostly mothers. Fathers should be mentioned too, and all caregivers. Culture is not included in law language; we should be culturally sensitive.

Nancy - It needs to be strength based. It needs to build upon the strength and capacity of families; this may help to minimize the program stigma.

Grace- We have to address issues concerning the child, not just the caregiver, focus on how the system directly benefits the child.

Cathy- How do we reach out to families? We need to design a system in which there is a coordinated referral process.

Darcy - There needs to be a discussion on engagement with families. There needs to be a marketing process to connect with families.

Cathy- There needs to be collaboration with others that are not support agencies, such as schools.

Myra -Where do parents find information? Based on information from focus groups, parents receive information from pre-kindergarten teachers, or their healthcare centers or pediatricians. We need to educate these people.

Darcy- Representatives of 'religious organizations should be included also.

Nancy-The system needs to be consumer driven.

Bob - There could be a vision statement - a preamble to the final document.

Darcy – We should not pass judgment on families in terms of what services they have access to and what families are ready for. Are we ready to engage with the families to learn what they need? Do you have another

opportunity to engage after the initial engagement? The first engagement needs to be so positive and nonjudgmental.

Linda- The system should allow for flexible engagement to meet the varying needs of families.

Cathy-The families need to drive the process, not us.

Bob – For the families to make the best support choices, they need to be self-aware.

Pam- The first entrance into the system needs to be our focus. A comfortable place where childcare is provided.

Darcy- Many families simply won't go to you. Some just won't venture out.

Maggie- But the system's use of a call center may not meet the need.

[Discussion on system terminology and definitions]

Major points:

- Possibly change the current name of system – home visitation - to a term that better reflects wide array of services, and does not carry a negative connotation.

Mary-What types of services within the home visiting system are we including? It is everything from behavioral services to family educational services. It is important to define what home visitation is.

We need to make clear why we are grouping all these services into one delivery system. The Pew Foundation study found that the terminology – "home visitation" has a negative connotation.

Bob –We should have a guiding principle that applies to all services. Having a system does not mean that the diversity of programs all have to look alike.

Elaine- The legislative intent focuses on the coordination among service providers. The system should be customer driven.

Nancy-Should we differentiate between home-based and home visiting services?

Grace- Home visiting is not just infants and toddlers, but home based is any service for any age.

Darcy- On federal level, they use the terms interchangeably.

Elaine- There is a negative stigma around home based delivery.

Consensus on a continuum of services, and there needs to be an array of services to meet the family's needs.

Myra- We should think about how to market home visiting services and how to change the home based services image.

Head start has been stigmatized; how do we avoid this? Should we talk about "parent supports" and make them available to all families?

Bob – How is the Pew Foundation discussing this topic [referencing Pew Foundation conference]? Where is the dialogue regarding terminology headed?

Monica-The Pew Foundation has agreed to be a partner with Connecticut. It is leaning towards a change in the terminology. A marketing firm presented at the Pew Conference, and I will share the slides.

Early Head Start is considered to be home-based.

Bob – We should review and consider the Pew Foundation definitions.

Pam-Whatever we call that system - we need to include and define the age range, where we provide services, and what services we provide.

Should refer to the HERSA definition(s) as well.

Cathy-It is best to go to families in their place of residence, because in the house you know what's going on.

It is important to change the perception how home visitation/home based is perceived.

Change title of 'home visiting' to reflect broader array of programs.

Must reflect age, delivery setting - should we say home?

Department of Education prohibited home visitation because of criminal incident that took place in a home during a visit.

Nancy-McDonald's is actually the number one place where visitation takes place.

Myra – Goal is to shrink child abuse through home visiting. [Passed out the OEC mission and guiding principles for reference]

Bob –A guiding principle is that visiting and providing services in the family living environment is an important component of our home visiting delivery system

[Discussion on what families or communities to target, if any]

Major Points

- System should not be driven by socio-economic factors, although neglect is more prevalent in families of lower socio-economic status.

Elaine-We need to break down funding silos that have resulted from MIECHV (Title V Maternal Infant Early Childhood Home Visiting block grant program) funding.

Myra – We need to eradicate stigma that poor people are poor parents. There is more surveillance in poor neighborhoods. This results in higher incidence reporting. We need a system that is not driven by socio-economic factors.

Grace - But neglect is more prevalent in lower socio-economic families. There is data to demonstrate this.

Myra - We want to support our most vulnerable children but the system should not be too driven by socioeconomic factors.

Grace-Need to remember the importance of identifying the primary caregiver and supporting that relationship.

Should be guiding principle on our approach.

Elaine-It is important to respect the relationship between the parent and child (grandparents too). There has to be a multi-generational component.

Maggie - Another guiding principle should include a two generational approach, partnering with parents. It should be strength based meaning it should build on the strengths the family already possesses.

We need to focus on the neediest children, as a guiding principle.

[Discussion on measuring outcomes/ data]

Major points:

- Need data to measure outcomes.
- Should consider using RBA, but should consider other methods besides RBA.

Mary-Outcomes should be measured not associatively but truly evidence based. It should be more ambitious than Results Based Accountability (RBA). Maybe a rigorous evidence and a cost-benefit analysis in terms of measuring outcomes.

What is congress and the legislature most interested in? They care about how many families are enrolled.

We need data to understand if we are serving the families and serving the families well.

Elaine-Pew and the feds are revisiting indicators. Want buy-in from people that we are creating an effective system. Want the cost-benefit analysis to garner support from stakeholders. We should be building a public-private partnership.

Darcy-RBA can measure the wrong thing. It is important to create effective indicators to get best results.

I can share the Pew work on indicators.

Example of maternal depression. Yes we can tell you how many were screened but if those mothers that were depressed did not receive follow up services then so what?

Grace-Should the program outcomes be tailored? Each program has distinguishable measurable outcomes.

Darcy-We do not want to set up a system that avoids the hardest cases.

Bob-Outcomes are not a principle but are relevant to the discussion. Our guiding principle should be to share all measures/numbers we have but to go beyond that to measure actual program effectiveness as rigorously as possible. The answer to "is the family better off?" needs to be captured.

[Discussion on program accessibility/eligibility]

Major points:

- Should decide on terminology to describe accessibility – term "universal" should not be used.

A program that is targeted and accessible to all families

Myra - The guiding principles of the OEC is a good start. That system consists of a continuum of early childhood services including universal access to services.

We should have a conversation on how programs are funded and if different funding streams will allow the system to be accessible to all families.

Bob- Do we want to design a system that will serve as many families as possible? We need to hear from parents and programs if there is a limitation on resources.

Should we use the term "universal" in our recommendations?

Cathy-We should target caregivers not just mothers.

Maggie-Promotion and prevention are much less loaded terms than universal.

[Discussion on Partnerships]

Major points:

- Should leverage public-private partnerships. Should be aware of potential ideology and values issues when engaging with private partners.

Last guiding principle is forming collaborative partnerships.

Bob – Discovery is a public private partnership model. 'Exploring what resources can be utilized is valuable.

Darcy-We should also discuss leveraging federal dollars.

Elaine-There are ideologies and value issues when speaking of public-private partnerships (which mean private funding).

[Break]

[Legislative intent session]

Major Points:

- Legislators want to be informed about the project process.
- Legislators want a shared reporting system and want data to show effectiveness of programs and to support justification for programs.
- Want system that is accessible to all families and children in CT

Maggie Adair introduced the guest legislators, to discuss the background and purpose of P.A. 13-178 and answer any questions from the Work team.

Senator Danté Bartolomeo
Representative Cathy Abercrombie
Representative Diana Urban

Sen. Bartolomeo - After Newtown, Elaine Zimmerman approached me about legislation regarding mental health. [Relayed personal stories].

Sen. Bartolomeo –We want to identify the gaps in the system for mental health services

Sen. Bartolomeo –This legislation happened after Newtown and we wanted to address mental health services offered to families as a tool to prevent an incident such as Newtown happening again.

Sen. Bartolomeo –We want "braided' services that wrap around the families and focus on prevention and early identification so that families do not have to keep telling their stories.

Rep. Abercrombie - Most communities have silos of service delivery.

Rep. Abercrombie - I am interested in learning the measured outcomes of some programs that have received the MIECHV grant. There is a concern about how the feds will reallocate the grant. Department of Public Health did not correctly implement the services. OEC knows the players and won't try to reinvent the wheel.

Rep. Abercrombie - Coordination of services should be our main goal. We have to have more flexibility too.

Rep. Urban – We spend $5.8 billion on children and families in Connecticut. We need to show outcomes to justify disbursement of taxpayer monies. If a program is not producing results, then legislators may cut funds for that program.

Rep. Urban – Important to show that these programs are working. Otherwise, we will be under pressure to cut the programs.

Rep. Urban – The legislature needs to be able to understand and participate in this process. I am very worried about where we are and where we are headed.

Rep. Urban –By designing a program that is based on RBA, you will continue to receive funding year after year. Need data to back up RBA, if data not available then create a proxy.

Rep. Urban –It is important to keep track of the data and use it in a cost/benefit analysis.

Sen. Bartolomeo –We want to ensure that the legislation is applicable to all children, and this legislation is designed is meant to address mental health services to all children, not just families in the DCF administered programs.

Sen. Bartolomeo –Our system needs to be "evidence informed" or "trauma-informed", really understanding of trauma to address this type of work. Divorce for example is a form of trauma for a child. Children do not talk about grief, they just live it.

Rep. Urban -Tidewater Virginia is a model, Ann Kane's work is noteworthy.

Rep. Abercrombie- – home visiting should focus on children from birth onward, with no cutoff age.

Rep. Abercrombie - Amelia Frank-Myer will be presenting on the effects of trauma at the Legislative Office Building on September 8th.

Rep. Abercrombie - Shared reporting is really important. Programs such as Nurturing Families, Child First, Birth to Three and Family Resource Centers should share reporting. We should take advantage of building these programs so that they are capable of addressing gaps in services.

Rep. Urban - We want continued reporting and feedback to ensure that all children who need help are receiving services.

Sen. Bartolomeo-Our intention is to follow this bill to measure program outcomes and effectiveness. Five agencies had their own home visiting programs and there was a lack of coordination among the different agencies. The important point in implementing section 5 is the section 1 overlay of guiding principles.

Five agencies manage home visiting programs. These agencies should be statutory partners working together.

Rep. Abercrombie - We want a report on how the MIECHV money was spent. When will we see the data that's been going on in the last couple of years?

Myra-HERSA will provide a data report which will be available the end of October.

Colleagues on appropriations are interested in tracking the results of grants. The Work Team should contact the legislators if section 5's language proves to be too restrictive. We want to be partners in this process.

The Work Team thanked the legislators for coming to the meeting and they departed before lunch.

Lunch Break

Bob-Let's recap what we heard from the legislators. We should use the guiding principles of P.A. 13-178 section 1 to inform our marching orders with respect to section 5 recommendations. Also, we should present proposed statutory language changes, if our recommendations require that. The legislators consider themselves to be partners in this undertaking.

Myra – August 24th is a scheduled public hearing about P.A. 13-178

Section one is required and calls for DCF, in collaboration with other agencies, to develop a plan of implementation for child care/health services across the state.

OEC's responsibility is to address section five, but there should be coordination with other state agencies. 'The most critical piece conveyed by the legislators is that they want to be engaged in the process and want a common reporting system developed.

The legislators realize that the timelines set are unreasonable.

Bob - As part of the data collaborative, there is an initiative to build an early childhood portal.

In terms of accessibility to all families, is there a general policy, statewide, that families who can afford services must pay?

Cathy-The first family contact is critical and so is meeting families in a place where there is trust.

DCF has realized that many people have private services that are covered by health insurance or by Medicaid.

[Discussion on Public Act 13-178 item number one: A common referral process for families requesting home visitation programs]

Major points

- Screening should be a part of system, and people who perform screening must be trained
- Families can enter the system through any channel; there is 'no wrong door.'
- Basic data should be collected upon system entry. Should develop data repository of all entries in the system from all providers.
- There should be a central place for referrals and entries, which has a central screening point.
- Strengthen the capabilities of the Child Development Info Line in terms of managing referral process.
- Engage and train community leaders to help with the referral process.
- Create a 'feedback loop' in the referral process.
- Home visitation should be voluntary (as a guiding principle)

Bob-What are the elements of an effective intake system?

Bob- Is it worth reviewing what is currently available?

Maggie- We 'should define "common referral."

Darcy-Is it a common referral process or a common entry process? We need no wrong door but also outreach.

The referral process includes several steps: identification process in community; what do you do with information; and how do you get to a common referral point?

Cathy-The person doing the screening is critical.

How can we make it more family driven than service-driven?

Darcy-People who do screening need to be trained. Are we even doing screening/informal identification?

Cathy-Schools have to play a large role in the screening process. 'We need to find out how referrals in each agency are made now. Programs have the responsibility to cross refer if appropriate.

Has there been research done to find out what would work for the families?

We have to differentiate between creating a common referral process versus a common referral place or hub.

Guiding principles are questions of what and why, the recommendations center on how we implement.

How do we start the process to get the family to enroll in the home visitation service? How do we get them to the other services they need from first referral to the home visiting process?

Darcy-Florida has an entry agency. Florida starts the entry process at birth. The Florida program is funded by one source.

A common referral process for support services; and then within that a referral process for home visiting.

Families do not call us and might not have identified their need. They are at least glad to take information. There have been missed opportunities to connect families to programs, such as in a pre-natal clinic walk-in. This is in contrast to a hotline number, which may be used by different people.

There is no wrong door for referral or entry.

Basic information on the family needs to be captured in terms of data collection

There needs to be a centralized place for persons who do not have agency specific information.

Karen-"Help Me Grow" has 40,000 agency referrals statewide.

Darcy-'We need to have a system for direct referrals and a central screening point.

Right now DCF is not part of the screening process, but it should be.

No wrong door. Need to control the place where they do the activity.

Pam-Should we use the word intake versus referral?

Child Development Info line – strengthen its ability to refer families.

Early Childhood system repository – this would include child development info line and 211.

There should be a central data collection point for all home visiting enrollees within privacy guidelines, so that families do not have to repeat the same information.

Agencies should be able to know if a family is already served by another agency.

Where would the data be gathered from?

Reduce the number of times the family gets referred to the same agency.

Provider programs should have screening process; provider has the responsibility to make the best match. There should be shared responsibility and shared accountability among providers.

A child should have a unique identifier.

DPH uses the PHI to identify every child born. Physicians are statutorily required to record this information. The child also has a birth certificate. There are high level records to identify the child. We are looking into creating portals for patients so that they can see patients.

The OEC will house the information, and then will work with other relevant entities, sharing relevant information including with the United Way.

Could the OEC system link to the DPH system?

A database of programs could be implemented and used.

The United Way has a website online that lists all available programs. We need to check to see if their database is up-to-date. The 211 calls are directed by United Ways.

Promote these websites and ensure that it is up-to-date.

Bob – How do we find out about how well referrals are going now?

The provider's – physicians, pediatricians, healthcare providers – should be contacted to find people available for focus groups.

Darcy-Child First serves 53 percent of the towns.

DCF should be part of the system. It is their obligation to direct children to the best programs.

DCF does not have an early childhood specialty. Who knows whether or not their families are receiving the best services?

Must evaluate if children are in quality pre-school programs – mandated by the legislature to find out.

What about DCFs responsibility to screen children appropriately?

Bob- Do we want to make a policy statement on DCF screening as part of the final report? [The role of DCF in the system]

Bob – No probably not, but we should take a policy stand on DCF coordinating with home visiting.

We should define what Home Visitation is, and what is the justification for its use?

When you are able to visit the people in need in their homes, it is most effective.

We have to think about screening. The advantage of a home visiting program is having a screening system to identify issues.

There should be policy statements on screening included in the implementation plan.

In our system, screening must be included and results must be transferred from providers who screen.

Child well-being and screening is interconnected and should be included in the policy statements.

Linda- Engage community leaders to help create common referral process. We need to engage the people who will influence the persons who need the services. [Natural community leaders]

Myra- Mom's partnership and Child First partnership, which are based on natural leaders in the communities and how you can train them to help families. How do we expand that model?

Darcy- In Bridgeport's PT Barnum Housing, there are Parent navigators/ambassadors – 22 parents who organize services and are paid a stipend to identify and refer children who do not show up in pediatrics or the healthcare system.

As a guiding principle, we need a process for following up on referrals.

Bob – Yes, we need to think about the feedback loop.

In other areas, there is a push to have a family driven process.

Need to create a database of people who actually utilize services.

DCF differentiates between a contact and a referral. A contact is when the family does not participate in the program, but were notified of programs by DCF.

Bob – So, to summarize, guiding principles (for referral or "intake" process):

- Train, and engage intake points of contact--healthcare and medical people about programs
- Programs have the responsibility to triage and refer families to other HV programs.
- Train and engage natural community leaders on components of HV system.
- Use Child Development Info Line and 211 as central intake point and train personnel
- Establish central data collection point/database for home visiting system (link to DPH unique identifier and determine sharing rights)
- Make clear that intake process voluntary, no wrong door, positive, trusting engagement
- DCF home-based programs can be included if voluntary
- When state develops a screening system, it should be utilized to connect families with HV

Linda – A guiding principle is that home visiting should be voluntary.

Legislation does not say the programs are voluntary, but it is specific to families that **request** the services, so this is the intent.

Some DCF services are voluntary, and some are mandatory.

[Discussion on what to bring for next meeting]

Bob – For next meeting we should bring and discuss:

- Development plan
- Development of ways to track outcomes
- Core set of standards and outcomes for all programs.
- Benchmarks from MIECHV (sharing of assessment protocols)

Bob - As an assignment, bring in reports on how you measure outcomes in your program.

Bob - Also, include information on your program competencies and standards.

At what point are we talking about RBA? There should be consistency with RBA, but we should utilize other strategies for developing standards.

Bob- How many agencies already report on RBA?

OEC, DPH, SDE, DCF, OEF report to legislature according to RBA.

Bob – We should look at report cards from those agencies that are delivered to the legislature.

Should consider Nurse Family Partnerships as a model.

Darcy- I will ask for NFP curriculum.

Accommodating diversity of services.

Should talk about competencies in terms of training, and cultural cross training.

The fatherhood training for parents with cognitive disabilities.

There is core training that we all do.

Mary MIECHV has a model of developer consortium materials that she will share.

Let's state clear goals at the beginning of the next meeting.

Darcy-What are common trainings that we could do - Think about for next meeting. There are mandated competencies, cultural trainings, and relationship building exercises.

Bob-We will circulate subject matter from this morning.

Pam-At a meeting we should post a sheet with goals, and guiding principles, as we develop them.